**Section 146.660 Staffing**

a) The SLF manager shall be responsible for the entire facility, including the dementia care unit. However, this does not preclude the SLF from hiring a separate manager or director to oversee the dementia care unit.

b) The SLF shall have no less than one licensed nurse available at all times on-site or on-call to meet medication administration needs of the resident in the dementia care unit. The licensed nurse may share duties in the general SLF.

c) The SLF shall have no less than one certified nursing assistant (CNA) for every ten residents on all shifts. Roommates without dementia shall not be used when determining the 1:10 staff to resident ratio. CNAs on duty in the dementia care units shall be awake at all times. The CNA cannot work in the general SLF during the same shift.

d) The SLF dementia care unit may share activity, dietary, housekeeping and maintenance staff with the general SLF population.

e) All staff who work on the unit (e.g., nurses, CNAs, housekeepers, activities staff) shall have four hours of training specific to working with persons with Alzheimer's disease or related dementia within seven days after working on the unit. The training shall include, but not be limited to, the following:

1) Information about the causes, nature, progression and management of Alzheimer's disease and other dementia;

2) Techniques for successful communication;

3) Handling behavior;

4) Planning activities;

5) Techniques for creating an environment that minimizes behavior;

6) Identifying and minimizing safety risks;

7) Delivering personal care; and

8) How to partner with families and the community.

f) All staff as indicated in subsection (e) of this Section shall annually complete at least 12 hours of in-service training regarding Alzheimer's disease and other related dementia. Training topics may include the following:

1) Assessing resident capabilities and developing and implementing service plans;

2) Promoting resident dignity, independence, individuality, privacy and choice;

3) Planning and facilitating activities appropriate for the dementia patient;

4) Communicating with families and other persons interested in the resident;

5) Resident rights and principles of self-determination;

6) Care of elderly persons with physical, cognitive, behavioral and social disabilities;

7) Medical and social needs of the resident;

8) Pharmacological and non-pharmacological interventions for persons with dementia; and

9) Local community sources.

(Source: Added at 33 Ill. Reg. 11803, effective August 1, 2009)